SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse ☐ Addresse so that we can return the card to you. B. Received by (Printed Name) C. Date of Deliver Attach this card to the back of the mailpiece, KUY? IZK 1-14-13 or on the front if space permits. D. Is delivery address different from Item 1? 1. Article Addressed to: III No. If YES, enter delivery address below: TME ASPHALT RIDGE LLC 4526 RIDGEVIEW DR **EAGAN MN 55123** 3. Service Type ☐ Certified Mail ☐ Express Mail Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 1/10/2013 2. Article Number 0770 0001 3568 0413 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154



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- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
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IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047